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PTO FAX NO.: 1 (571) 270-9734   Attorney Docket No.: **E-05-2**

Customer No.: **21394**   Application No.: **09/963,736**
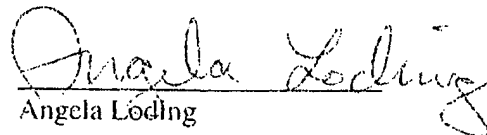
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CERTIFICATION OF FACSIMILE TRANSMISSION

In connection with U.S. Patent Application of David C. Hovda et al., Application No.
09/963,736 filed **September 26, 2001**; I hereby certify that the following **ISSUE FEE**
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21394 590 12/04/2007
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Angela Loding	(Depositor's name)
Angela Loding	(Signature)
6-22-28	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/963,736	09/26/2001	David C. Hovda	E-05-2	1485

TITLE OF INVENTION: SYSTEMS AND METHODS FOR ELECTROSURGICAL TREATMENT OF TURBINATES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	$1440	$300	$0	$1740	03/04/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
COHEN, LEE S	3739	606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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1 Brian E. Szymczak
2 Matthew Scheele
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

ArthroCare Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Austin, TX

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☑ Corporation or other private group entity ☐ Government

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Date 6/23/2008

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01 FC:1501 1440.00 DA
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